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## APPLICATION DATA SHEET

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### Application Information

Application number::	Not yet assigned
Filing Date::	Herewith
Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?	None
Sequence Submission?::	No
Computer Readable Form (CRF)?::	No
Number of copies of CRF::	0
Title::	TISSUE INFILTRATABLE PROSTHETIC DEVICE INCORPORATING AN ANTIMICROBIAL SUBSTANCE
Attorney Docket Number::	D0188.70141US00
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	1
Claims::	37
Small Entity?::	No

### Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Roger
Middle Name::	E.

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D0188.70141US00

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Family Name:: DAROIS  
City of Residence:: Foster  
State or Province of Residence:: RI  
Country of Residence:: US  
Street of mailing address:: 20 Heather Lane  
City of mailing address:: Foster  
State or Province of Residence:: RI  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 02825

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Stephen  
Middle Name:: N.  
Family Name:: ELDRIDGE  
City of Residence:: Exeter  
State or Province of Residence:: RI  
Country of Residence:: US  
Street of mailing address:: 50 Raymond Potter Lane  
City of mailing address:: Exeter  
State or Province of Residence:: RI  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 02822

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Donna  
Middle Name::

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Family Name:: TORRES  
City of Residence:: Attleboro  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 42 Seth Drive  
City of mailing address:: Attleboro  
State or Province of Residence:: MA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 02703

### Correspondence Information

#### Correspondence Information::

Name:: John R. Van Amsterdam, Ph.D., Esq.  
Street of mailing address:: 600 Atlantic Avenue  
City of mailing address:: Boston  
State or Province of mailing address:: MA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 02210  
Phone number:: (617) 720-3500, (617) 573-7833  
Fax Number:: (617) 720-2441  
E-Mail address:: jvanamsterdam@wolfgreenfield.com

### Representative Information

Representative Customer Number:: **23628**

#### Domestic Priority Information::

Application::	Continuity Type::	Parent Application::	Parent Filing Date:: MM / DD / YY
N/A			

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**Foreign Priority Information::**

Country::	Application Number::	Filing Date:: MM/DD/YY	Priority Claimed::
N/A			

**Assignee Information:**

Assignee name::

Street of mailing address::

City of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::